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Food numurant to	the Compeliated And	0005 (11 D 4040)		Complet	e II Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nu	mber 10/590,8	54	Conf. No.: 4134	
FEE TRANSMITTAL				Filing Date	August 2	August 25, 2006		
For FY 2009				First Named In	ventor Tadayuki	Tadayuki ISAJI		
	1-1	7.050.4.07	Examiner Nam	Name H. PAK				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1796			···········	
TOTAL AMOUNT OF PAYMENT (\$) 1,300.00				Attorney Docke	Attorney Docket No. 0171-1300PUS1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCUL		2030.						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		NG FEES	SEAR	CH FEES	EXAMINATIO			
Application	Type Fee	\$ Small En \$ Fee (\$)		Small Entity Fee (\$)		I Entity e_(\$)	Fees Paid (\$)	
Utility	330		540	270		10		
Design	220	110	100	50		70		
Plant	220		330	165	-	85		
Reissue	330	165	540	270		25		
Provisional	220	110	0	0	0	0	- 10-6-1	
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee							Fee (\$)	
Each claim over 20 (including Reissues)							26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims 390 195 <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u>								
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   14 - 20 or HP = 0   x   = 0.00								
	mber of total claims p			0.00		Fee (\$)	Fee Paid (\$)	
Indep. Claims	Extra	_		Paid (\$)	_		<del></del>	
	or HP =		<del></del>	0.00				
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = 0 / 50 = 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S)  Non-English Specification \$120 for (see graph string linears)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Extension Fee and RCE Filing Fee   1,300.00								
UBMITTED BY	Olarous C	-0-	-01-	)				
ignatur <b>e</b>	Sur	~ ~ ·	- server	Registration No Attorney/Agent)	21,066	Telephone 7	703-205-8000	
lame (Print/Type)	Raymond C. Stew	art				Date Janua	ary 7 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.